

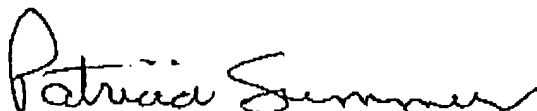
OCT 27 2005

PTO/SB/97 (08-03)  
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US Patent Serial No.: 10/090,268 Filed 03/4/2002

Confirmation No.: 4134

Form PTO/SB/97 Certificate of Facsimile Transmission Under 37 CFR 1.8	1 page
PTO/SB/08a Information Disclosure Statement by Applicant	1 page
Supplemental IDS Statement under 37 C.F.R. (d)(1)	1 page
PTO/SB-17 Fee Transmittal Form	1 page
PTO-2038 Credit Card Payment Form	1 page
TOTAL PAGES IN TRANSMISSION	5 PAGES

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Attorney Docket No. 1521.2  
Confirmation No. 4134PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Robert Wyckoff  
Serial No. 10/090,268  
Filed: March 4, 2002  
For: SLEEP APNEA DEVICE AND METHOD THEREOF

Group Art Unit: 3743

October 27, 2005

Commissioner for Patents  
Alexandria, VA 22313-1450SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT  
CITATION UNDER 37 C.F.R. 1.97(d)(1)(2)

Sir:

Attached is a listing of one document on Form PTO/SB/08A. It is requested that the Examiner consider this document and officially make it of record in accordance with the provisions of 37 C.F.R. § 1.97(d)(1)(2) and MPEP § 609.

To my knowledge, the U.S. Patent document was not cited in a communication from a foreign patent office in a counterpart foreign application, nor was it known to the Inventor/Applicant more than three months prior to the filing of this Information Disclosure Statement.

Applicant is not providing copies of the cited U.S. patents as the U.S. Patent Office has waived the requirement under 37 CFR 1.98 (a) (2) (i) for submitting copies of cited U.S. Patents for all national patent applications filed after June 30, 2003.

Applicant is including a PTO-2038 credit card payment form to cover the appropriate fee under 37 C.F.R. 1.17(p) required for this filing.

Respectfully submitted,

Jesse B. Ashe, III  
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SAFIRM DOCS\1521\2\supp IDS to PTO 102705.doc

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## CERTIFICATION OF FACSIMILE TRANSMISSION

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P.004/005

PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

**Complete if Known**

Application Number	10/090,268
Filing Date	March 4, 2002
First Named Inventor	Robert Wyckoff
Examiner Name	Andrea M. Ragonese
Art Unit	3743
Attorney Docket No.	New Docket # 1521.2

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: 50-0332 Deposit Account Name: SUMMA, ALLAN & ADDITON, P.A.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims** Extra Claims Fee (\$) **Fee Paid (\$)**

\_\_\_\_ - 20 or HP = \_\_\_\_ x \_\_\_\_ = \_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims** Extra Claims Fee (\$) **Fee Paid (\$)**

\_\_\_\_ - 3 or HP = \_\_\_\_ x \_\_\_\_ = \_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
____	____	____	____	____

\_\_\_\_ - 100 = \_\_\_\_ / 50 = \_\_\_\_ (round up to a whole number) x \_\_\_\_ = \_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): INFORMATION DISCLOSURE STATEMENT FILED UNDER

\$180.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 44,513	Telephone 704-845-6703
Name (Print/Type)	Joseph B. Ashe, III	Date	10/27/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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